



# Community Based Care Coordination Request for Proposals

## Webinar #1 Q&A

**The following were questions asked and answered during the first webinar for the RFP. We will continue to post Q&As as the webinars progress.**

**Question: You mentioned meeting federal audit standards. Are these federal dollars?**

Answer: We do braid funding and will continue to pursue different funding streams as they align with our vision of the CCH. Asking organizations to be able to meet federal audit standards allows us to have the flexibility to pursue federal funds and then not have it be a burden later for either the organization or the CCH Network. At the end of the year, a contract report will be shared with each funded organization that will detail the source of funds.

**Question: What is the long-term plan for this kind of funding/project? Are there plans for renewal or additional funding after June 2027?**

Answer: Our long-term plan is to have a CCH in eastern WA for the next 50 years. While we don't have any current plans for additional RFP's we will continue to seek additional funding and opportunities to grow and expand which may mean that we would need additional partners in the network (add more partners) in the future.

**Question: Will there be a shared regional resource database so all care coordinators are accessing the same resource information?**

Answer: Not with this specific project. However, we encourage organizations and folks to access our Eastern Washington Community Health Worker Network, which includes resource sharing, training, and information to support folks in their profession and development.

**Question: Are community-based organizations by definition not-for-profit? If so, is there room for partnering with for-profit entities whose mission is congruent with the mission of the program?**

Answer: Our board has affirmed that applicants must be a 501c3 under 509a1 status for Public Charities or local governmental agency (such as a local health jurisdiction or public hospital), or a Tribal Nation. This is not subject to change.

**Question: You mentioned contracted orgs - do you use a platform such as Unite Us for referrals? Is there a cost to becoming a contracted org?**

Answer: We currently use Care Coordination Systems (CCS) as our platform and have self-referral option through our website. There is no cost to using the platform for our contracted partners- we provide it and require screenings, and services to be captured. We will provide trainings for organizations on CCS.

**Question: Can you speak more to the "capacity and commitment to providing Health Benefit Exchange insurance navigation services with trained staff" requirement? What does this look like and what is required?**



Answer: BHT understands that health insurance for many is the first step to gaining access to health and social services. We do require contracted organizations to have an Insurance Navigator on staff to reduce further burden and gaps for the individuals and families seeking assistance. BHT will provide the necessary training and HBE platform access.

**Question: For the percentage of Medicaid clients served, is that across the entire organization or within specific programs?**

Answer: We are looking for Medicaid clients served by your organization within our region (Ferry, Stevens, Pend Oreille, Spokane, Lincoln, and Adams counties and the Reservations of the Kalispel Tribe of Indians, the Spokane Tribe of Indians, and the Colville Confederated Tribes).

**Question: Do partnerships with Ideal Options, PCE, FBH, etc meet BHT's standard for outreach and engagement?**

Answer: Yes. This would be a good thing to detail in your narrative response!

**Question: Can you split up the 1.0 FTE across multiple individuals, or does this need to be one dedicated individual in the organization?**

Answer: Yes it can be split across multiple individuals! Make sure to include your plans for that in your narrative response!

**Question: Can the funding be used for existing staff instead of hiring additional staff for this project?**

Answer: Yes, as long as other funding is not covering the staff once the contract is awarded.

**Question: Is there any wiggle room on the 15% indirect rate?**

Answer: 15% is the Indirect Rate

**Question: What is an example of types of invoicing that will be required?**

Answer: Invoicing will be tied to the key performance indicators, and BHT staff will support teams to build their budget templates and invoices and provide training.

**Question: Is there training geared for care coordination for children with disabilities/special health care needs?**

Answer: We are currently working to build training resources for basics of care coordination and are planning to partner with local organizations to develop additional specialized training opportunities. When we receive additional funding and opportunities, we do provide specific population training as needed. Healthcare and/or additional youth training may be provided as we grow and develop.

**Question: Have you picked a client management system yet? Also, will there be collaboration with 311?**

Answer: We currently use CCS and have been partnering actively with 211, we are looking into partnership with 311 and other referral sources.

**Question: For the first KPI, is it 30 unique clients per CBW or 30 new clients? Can repeat clients be counted across reporting periods if they have new needs?**



Answer: It is 30 clients per CBW, assuming an average of 3-6 months of service time. We understand folks often come back in after a period of time, and CBWs may need to re-enroll them.

**Question: I own my own business and am Provider 1 solo I am not a non profit...can I still apply with a fiscal sponsor?**

Answer: Organizations need to be a 501c3 under 509a1 status for Public Charities or local governmental agency (such as a local health jurisdiction or public hospital), or a Tribal Nation.

**Question: How does this affect our ability to bill Apple Health for the work our CHW's do around SDOH for our patients?**

Answer: You will want to make sure that you are billing your CBW's time/work to the appropriate source/funder and have clear documentation to avoid double-billing.

**Question: Is this service available to the population of incarcerated or reentry community as they will need this service moving forward.**

Answer: Yes, and please make sure to review the populations of interest that we have identified as part of the RFP (these are in the slides and in the RFP document).

**Question: We have been approved to operate a medical respite in partnership with area hospitals, does that meet a priority criteria for communities most in need?**

Answer: We would recommend identifying the populations that these folks encompass, and make sure to include that information in your narrative response.

**Question: Since this is a performance-based contract, as long as all KPIs are met, will the full \$234k be paid out per CBW, regardless of how much the costs are (salary, benefits, etc.)?**

Answer: Yes.

**Question: Can the applying non-profit organization include sub-recipients in their budget request?**

Answer: You will want to include this in your response and make sure that the sub-recipients are 501c3.

**Question: "End of service" for mental/behavioural health may or may not happen within the 17 month period. Is your KPI expecting beginning and ending services with a hard to reach population within the 17 month period, or is the KPI recognising sometimes connecting to services is in itself an end of service - thus open to interpretation?**

Answer: "End of Service" or discharge is required to capture data on services offered, referrals made, connections made, etc. If a client is not discharged within the period of the contract a "discharge" will be made at contract end to gather necessary data.

**Question: I looked up the Eastern WA CHW Network but it requires an invite. How do we get invited?**

Answer: contact the team and they will get you set up! [chwnetwork@BetterHealthTogether.org](mailto:chwnetwork@BetterHealthTogether.org)

**Question: We have several care coordinators, should we limit our number, or can we write our proposal for 5 CC with Supervision?**



Answer: We recommend taking a look at the populations identified/needs/services and responding with what you feel your organization needs. If you are awarded, we may need to further negotiate around the final number of CBW's based on our budget available.

**Question: Do you expect Medicaid cuts starting in 2027 to affect this program?**

Answer: We believe that we have stable funding through 2028. However, we can't guarantee any further Medicaid changes or cuts in funding during this current federal administration.

**Question: In my area, providers are not supporting clients with the SMS processes so I have been. I have learned that I have to have authorizations initiated by the provider in order to bill for these support services in the CHW realm. Would this program circumvent that requirement given I do not specialize in any one area for this service so this would mean I would have to reach out to ALL of the providers offices and set up an auth and referral system to be able to bill HCA for the CHW work. I support clients in Stevens and Ferry counties in this parameter.**

Answer: If awarded, your CBW would be able to support and navigate this resource for your clients through the BHT funding/contract.

**Question: Do clients have to come through BHT or can they be connected directly to organizations through other outreach efforts?**

Answer: Both –we have lots of options including a self-referral form and a partner referral form as well as entering directly into the client management system.